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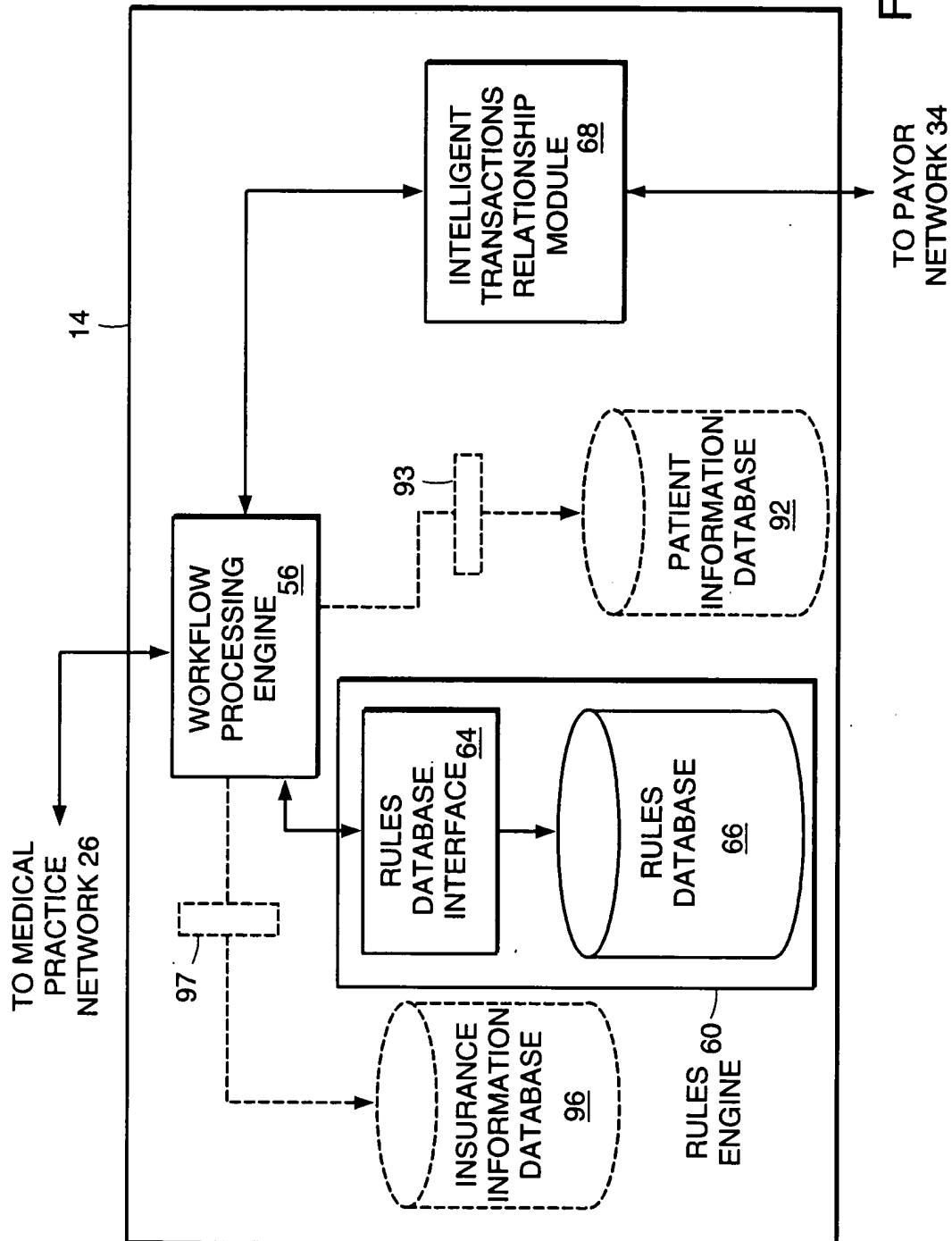


FIG. 2A

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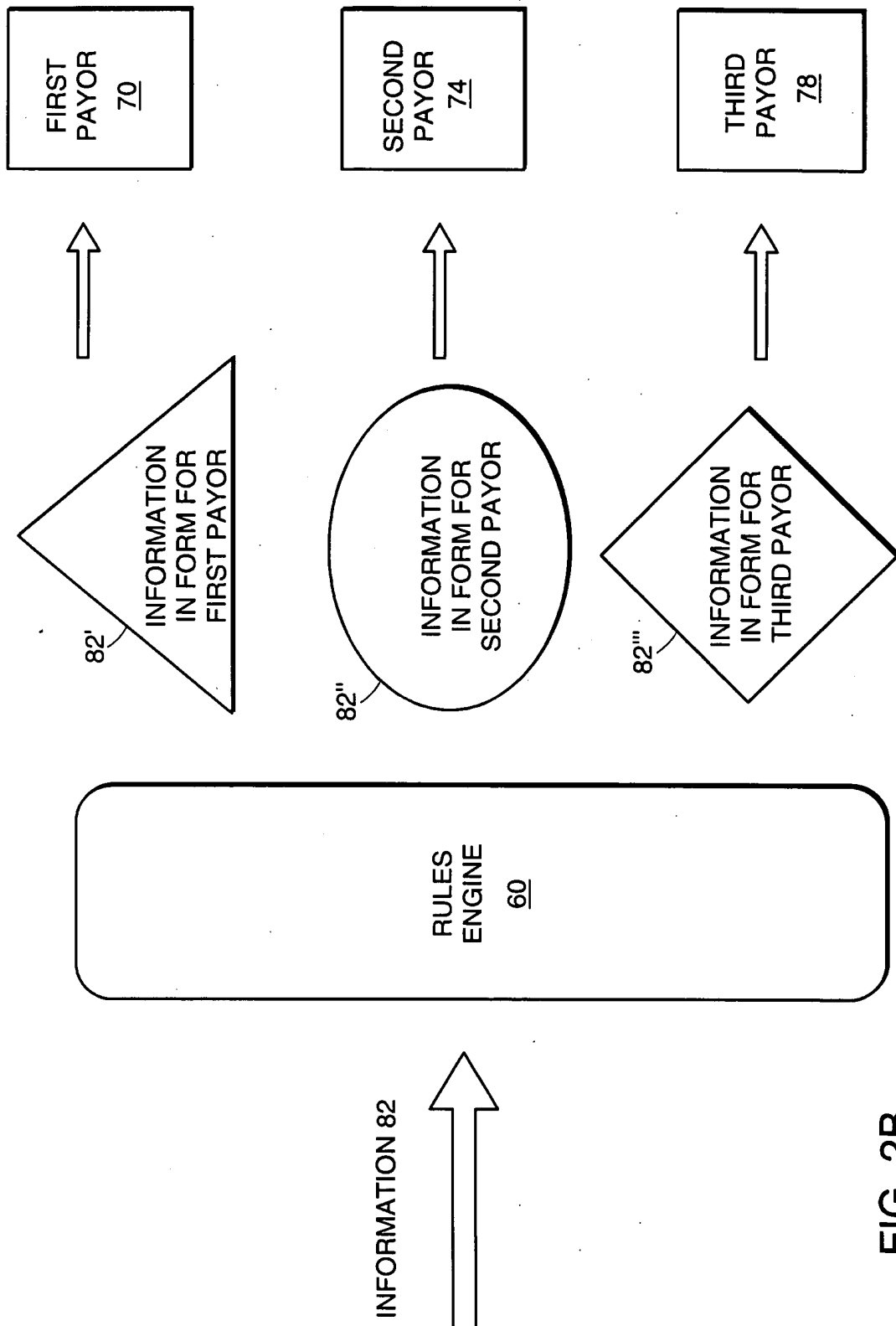


FIG. 2B

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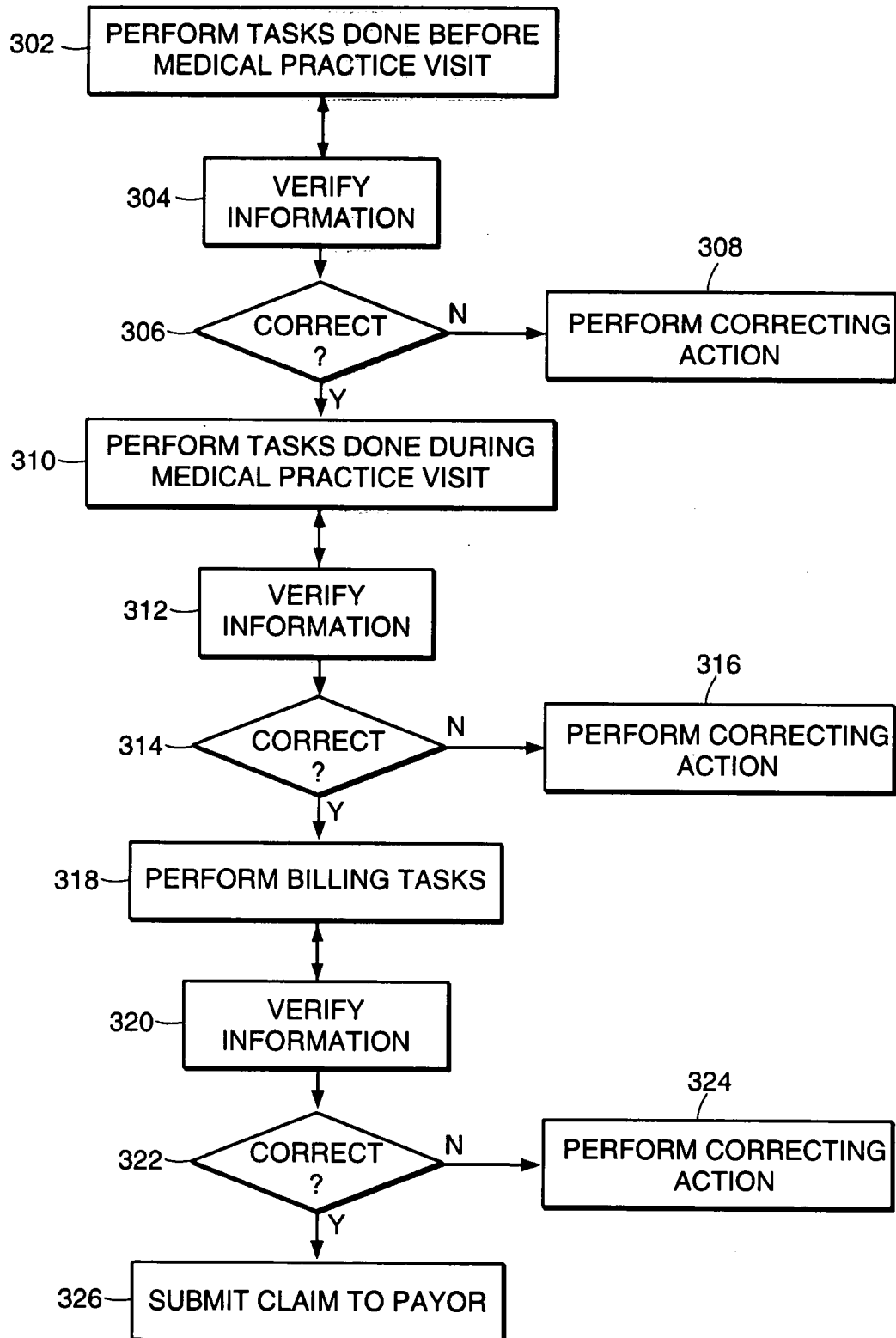


FIG. 3A

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THE PATIENT WORKFLOW - BEFORE THE MEDICAL PRACTICE VISIT

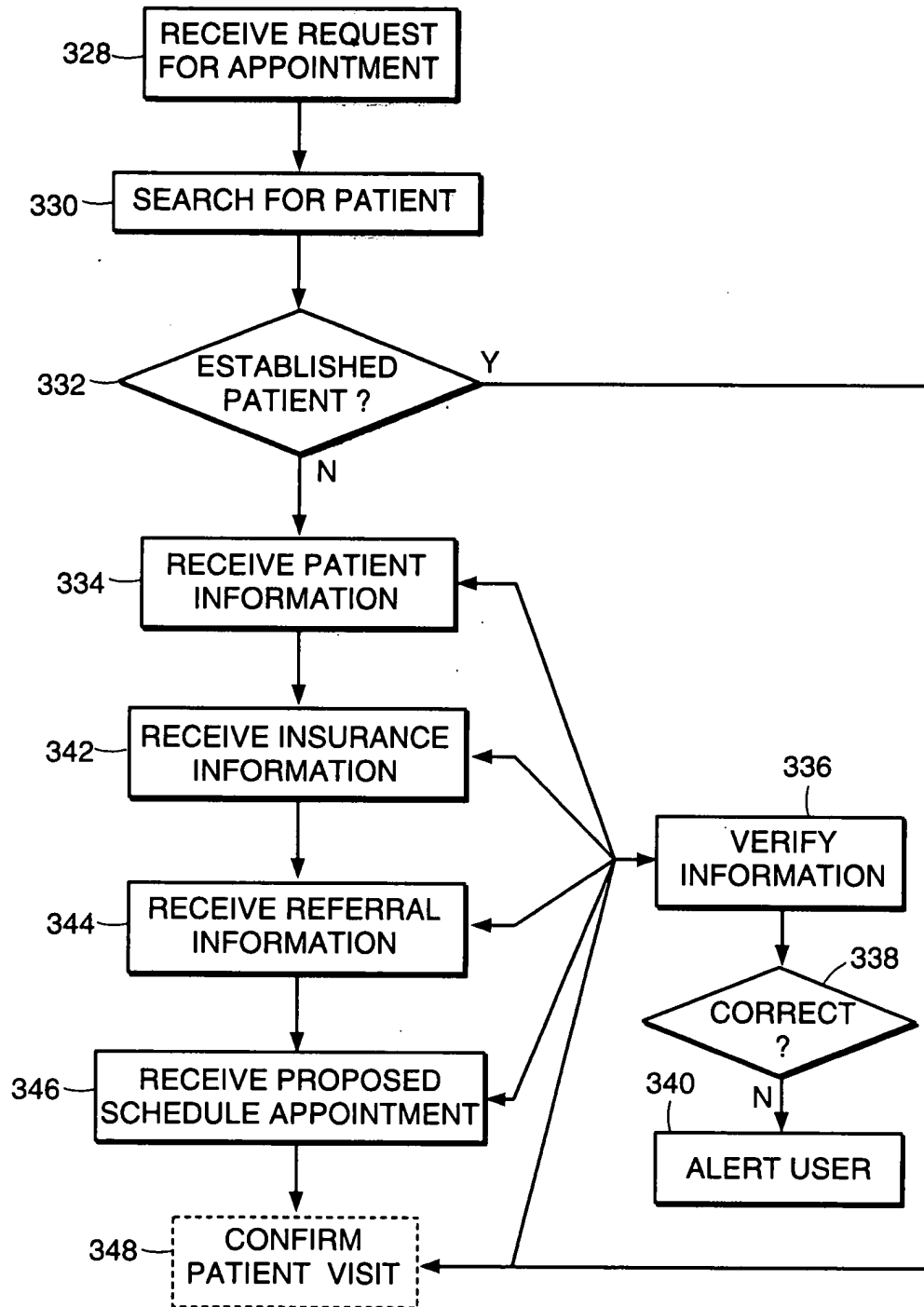


FIG. 3B

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PATIENT ELIGIBILITY DETERMINATION

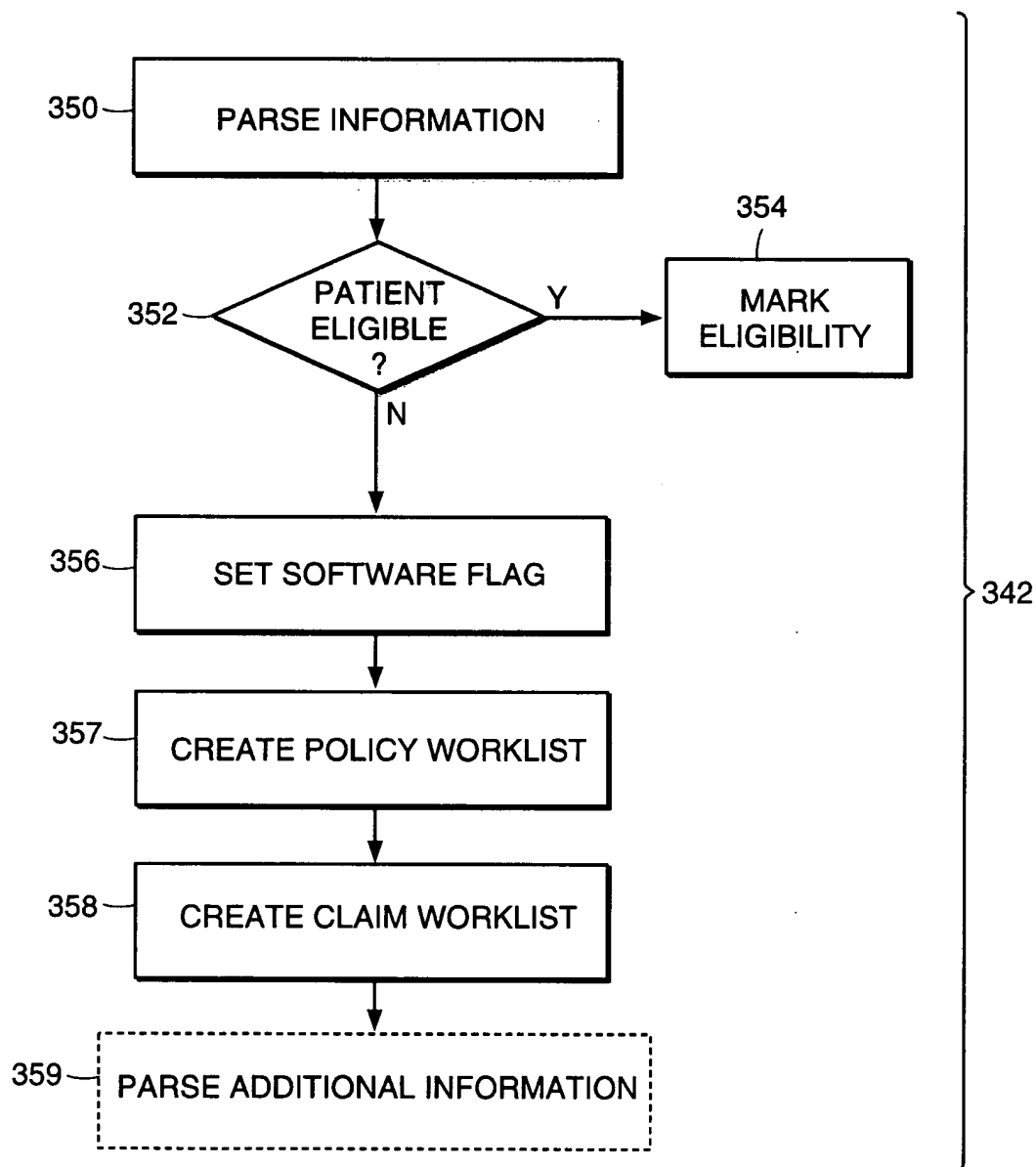


FIG. 3C

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PATIENT REFERRAL / PRIOR AUTHORIZATION DETERMINATION

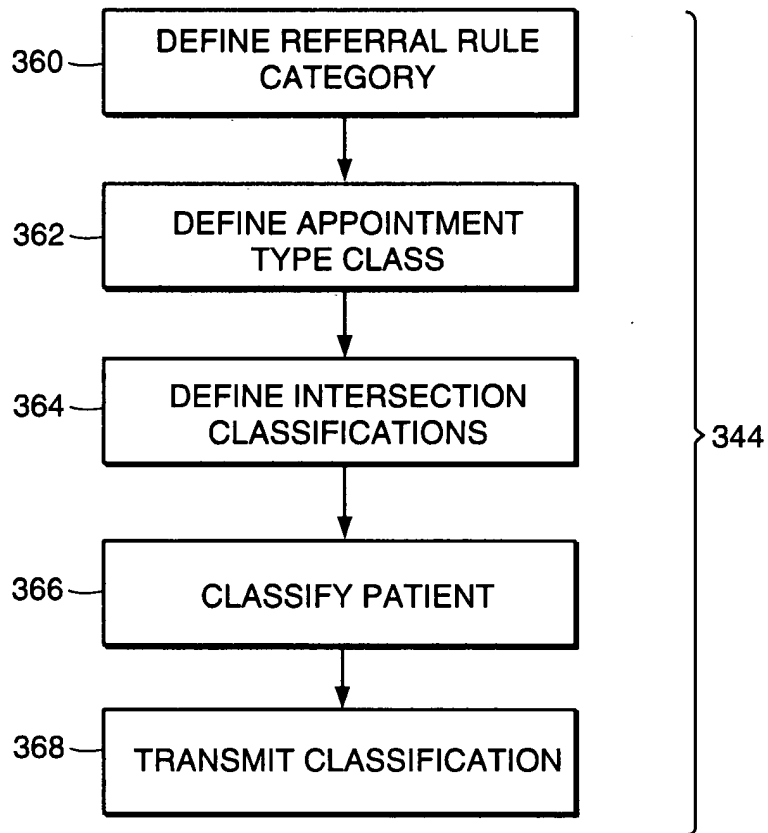


FIG. 3D

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THE PATIENT WORKFLOW - DURING THE MEDICAL PRACTICE VISIT

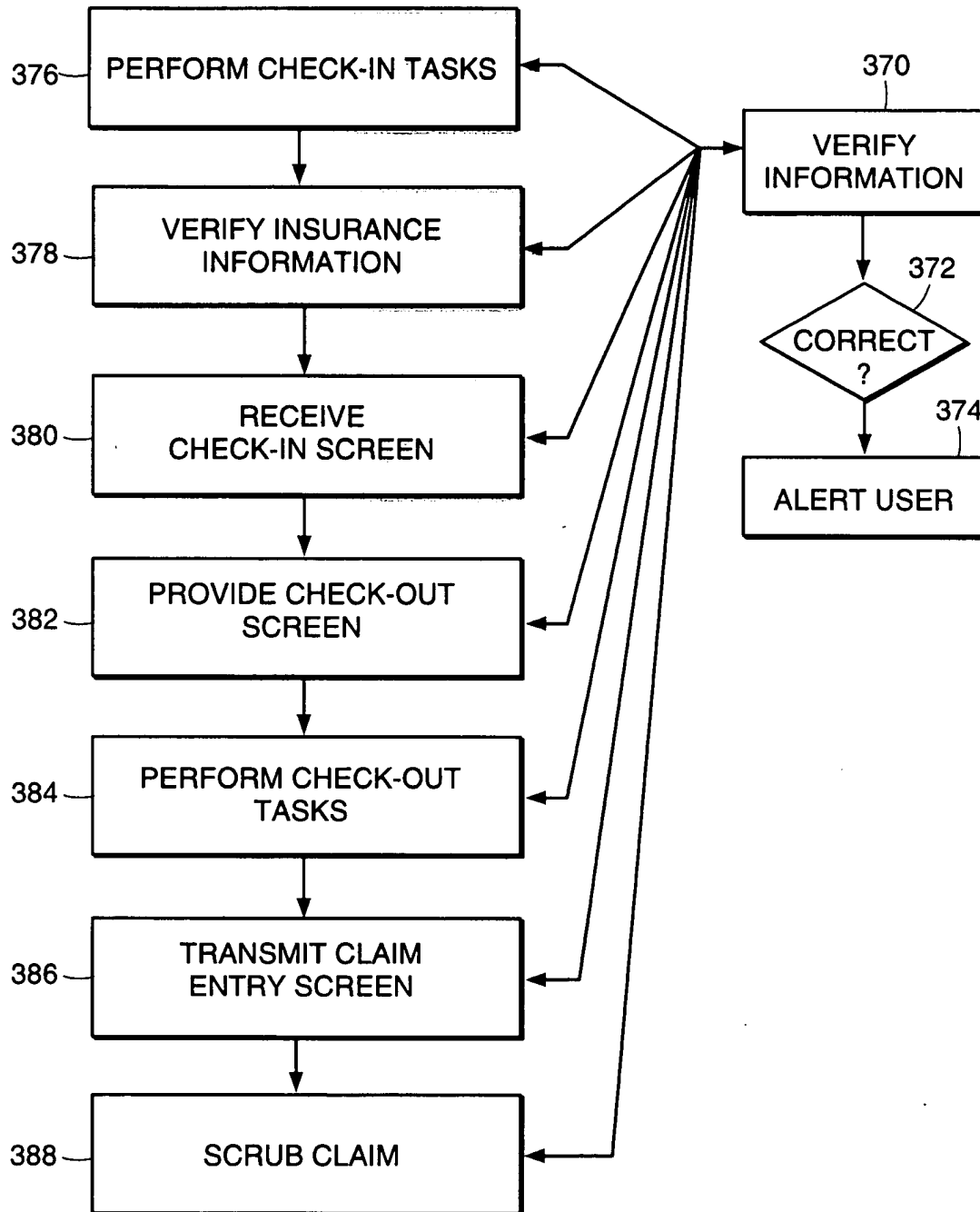


FIG. 3E

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THE BILLING WORKFLOW

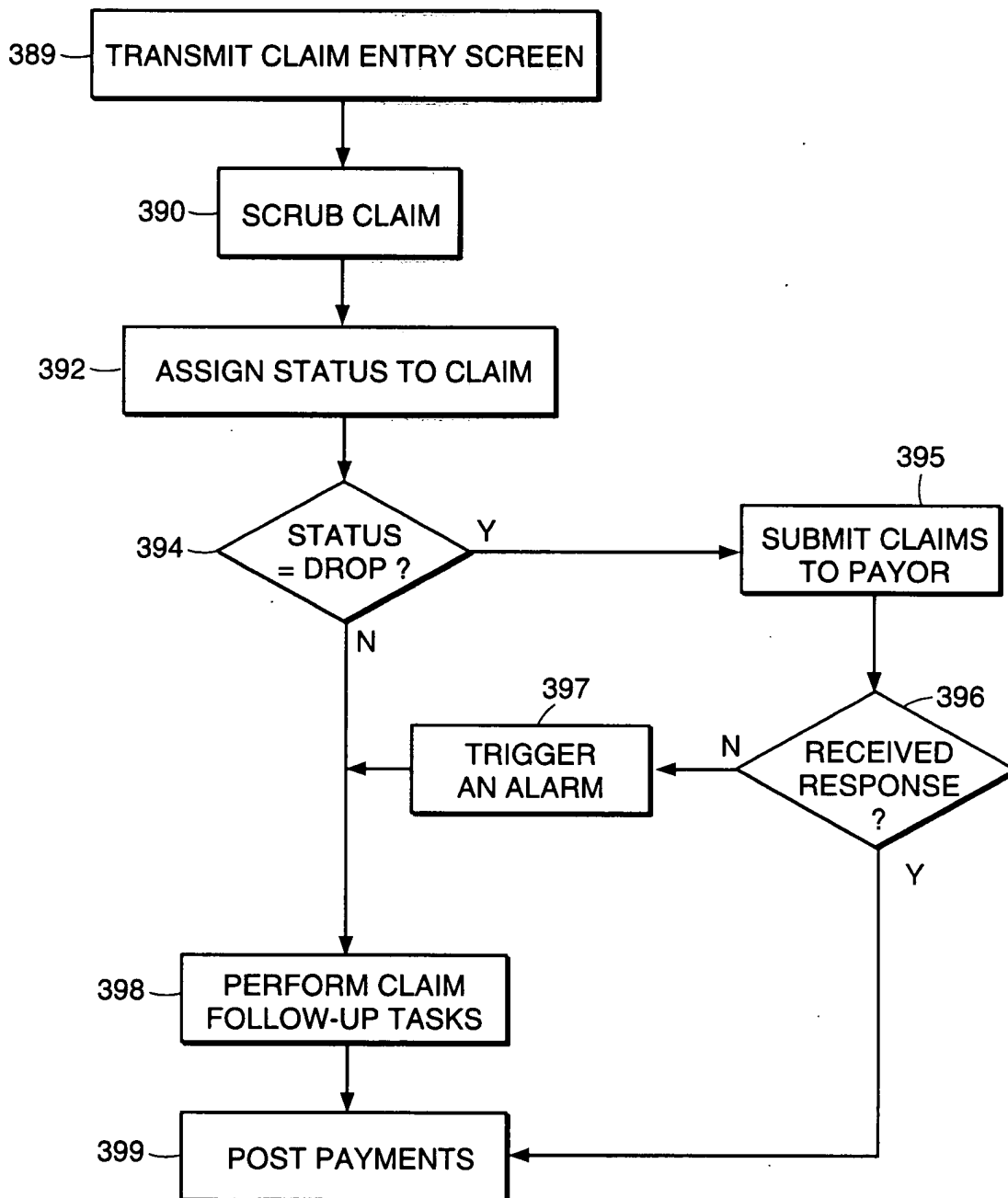


FIG. 3F

FIG. 4

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FIG. 5

500

Check In		Check In	
action bar click the bar to edit registration info, schedule the patient, print label, etc.			
view/cancel today's appointments			
<input checked="" type="checkbox"/> Reason for Cancellation		Cancel Checked Appointment(s)	
edit appointment information			
Appt Type		Dept	
Notice/Reason		Rendering Provider	
Prior Auth #		add note	
Insurance			
primary new primary insurance			
verify & edit registration information			
Patient Notes			
Patient Outstanding \$0.00		view billing summary	
Last Name		Status	
First Name & M. Initial		Sex	
Prev Last Name		Home Phone	
DOB		Work Phone	
SSN		Primary Department	
Address		Usual Provider	
Zip		Marital Status	
City		Ethnicity	
State		General Hospital	
Email		Med. Record	
Collect Patient Payment			
Save registration changes			
Post Date		Time of Service Batch	
Method		Check or CC Number	
Service Date		Procedure	
Today's Copy (expected office visit copy \$)		Outstanding Amount	
Coinsurance (usual coinsurance %)		Today's Payment \$	

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Print Billing Slip/Check-Out		Check-In	Check-Out
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>602 <u>action bar</u></p> <p><u>Billing Slip</u></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><input checked="" type="checkbox"/> Behavioral Health</p> <p><input checked="" type="checkbox"/> Family Medicine</p> <p><input checked="" type="checkbox"/> Internal Medicine</p> <p><input checked="" type="checkbox"/> OB/GYN</p> <p><input checked="" type="checkbox"/> Occupational Health</p> </div> <div style="width: 50%;"> <p><u>Check-Out Actions</u></p> <p><input checked="" type="checkbox"/> Schedule Appointment Calendar 1 wk / 2 wks / 3 wks / 4 wks / 5 wks / 6 wks</p> <p><input checked="" type="checkbox"/> Create Appointment Reminder</p> <p><input checked="" type="checkbox"/> Chart Check</p> </div> </div> </div> </div>			
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>604 <u>Receipt</u></p> <p>No payment was made today</p> <p><u>Collect Patient Payment</u></p> </div> <div style="width: 50%;"> <p>608</p> </div> </div>			
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>612</p> <p>Post Date</p> <p>Time-Of-Service Batch</p> <p>Method</p> <p>Check/CC Number</p> <p>Service Date</p> <p>Procedure</p> <p>Today's Copay (expected office visit copay \$)</p> <p>Coinurance (usual coinsurance %)</p> <p>Other Payment Amount reason:</p> <p>TOTAL</p> <p>Counting payments that have not yet been applied to charges (\$0.00), this patient owes total of \$0.00</p> </div> <div style="width: 50%;"> <p>612</p> <p>Outstanding Amount</p> <p>Today's Payment</p> </div> </div>			
<p><u>Check Out >></u></p>			

600 FIG. 6

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FIG. 7A

700

<Claim Entry

Check In Check Out Claim Entry

action bar click this bar to edit registration info. schedule the patient, print labels, etc.

Receipt

No payment was made today.

INSURANCE:
704a — Post Date

DATE OF SERVICE:

ID/CERT:

Supervising Provider

Patient Department

Service Department

Current illness Date

(choose a previously entered auth)

704b — Referring Provider

704c — Referral/Auth Number

Notes

704

(or EDD)

View/choose

Diagnosis Justifying This set of Procedures

Procedures

Diagnosis Justifying This set of Procedures

708

Others Justifying Diagnosis (Internal documentation only, will not appear on patient claim)

720

Create Claim

724

Advanced >>

712

Hint Pressing . or ? by itself in a procedure or diagnosis box triggers a procedure/diagnosis lookup.

Hint To designate multiple units, append a period + number ("units") to the procedure, e.g.

Hint To designate a modifier, append a comma + modifier ("modifier") to the procedure, e.g.

Hint "Type 's' as shorthand for 'same as above'.

Reason

716

716

Mark Appointment As Not Requiring Charge Entry

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FIG. 7B

<Claim Entry

Check In
Check Out
Claim Entry

action bar click this bar to edit registration info. schedule the patient, print labels, etc.

INSURANCE:

Post Date

Provider

Supervising Provider

Patient Department

Service Department

Primary Payor

Primary Accept Assignment

Secondary Payor

Current Illness Date (or EDD)

Same or Similar Illness Date

Hospitalization Dates to

(choose a previously entered auth)

Referral Provider

Referral/Auth Number

Notes

DATE OF SERVICE: 12/12/2000

IDICERT:

744 {

748 {

736 {

740 {

750 {

752 {

754 {

755 {

Other Justifying Diagnoses (Internal documentation only, will not appear on printed data)

Additional MCFA Free Text (This is almost always blank)

billing slip #

732

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FIG. 7C

<Claim Entry
Check In Check Out Claim Entry

action bar click this bar to edit registration info, schedule the patient, print labels, etc.

Claim Status	
Patient	
Primary Insurance	
Referring Provider	
Supervising Provider	
Rendering Provider	
Facility	
Diagnosis	
HCFA Test	
usually blank	
Charges	

POST from to proc u description pty chg

TOTALS

Claim Warnings:

edit claim Receipt
762

No payment was made today.

Delete Claim

(Last claim in batch)

Collect Patient Payment
764

Post Date

Time Of Service Batch

Method

ChalVCC Number

Procedure

Outstanding Amount

Today's Payment

\$

\$

\$

\$

Today's Copay (expected office visit copay)\$

Coinurance (usual coinurance %)

Other Payment Amount reason:

TOTAL

Save

760

756

758

762

764

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FIG. 7D

Insurance Claims: Patient Statements		Claim Status: HOLD		Dept	
Go		Claim Edit #			
Claim Study		primary secondary payment		772	
Patient		Collect Patient Payment			
Patient Department					
Primary Payer					
Primary Account Assignment					
Secondary Payer					
Referring Provider		Choose Referral Number			
Referring Provider					
Supervising Provider					
Facility		(place of service code.)			
Current Illness Date/APP		(ECO)			
Same or Similar Illness Date					
Hospitalization Date		Admitted		Discharged	
Diagnosis		1 2 3 4			
From		To		Tx	
reason/method		reason/method		reason/method	
type		type		type	
D1 D2		D3 D4		U PP E	
Last modified		Last modified		Last modified	
CHARGE (OPEN) Incomred Insurance Id number 11/28/2000 supervisor 11/28/2000 supervisor void this transaction		\$		\$0.00 \$0.00	
CHARGE History:		Kicked, reason: IPN. Claim status1 set to HOLD (supervisor) (11/28/2000)			
Note: KICK REASON Incomred Insurance Id number CP10					
Type		reason/method		reason/method	
type		type		type	
reason/method		reason/method		reason/method	
type		type		type	

784

768

776

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FIG. 7E

From

To

Ty

CPT

\$unit

D1

D2

U

FP

E

C

show voided transactions

reason/method

created

Ins1

Ins2

patient

type

CHARGE (OPEN)

Incorrect Insurance id number 11/28/2000 superuser 11/28/2000 superuser void this transaction

\$

\$

\$0.00

\$0.00

\$0.00

CHARGE History:

Kicked, reason: IPN, Claim status 1 set to HOLD, (superuser)(11/28/2000)

Note: KICK REASON: Incorrect Insurance ID number (IPN)

reason/method

created

Ins1

Ins2

patient

type

CHARGE (OPEN)

Incorrect Insurance id number 11/28/2000 superuser 11/28/2000 superuser void this transaction

\$

\$

\$0.00

\$0.00

\$0.00

CHARGE History:

Kicked, reason: IPN, Claim status 1 set to HOLD, (superuser)(11/28/2000)

Note: KICK REASON: Incorrect Insurance ID number (IPN)

reason/method

created

Ins1

Ins2

patient

type

CHARGE (OPEN)

Incorrect Insurance id number 11/28/2000 superuser 11/28/2000 superuser void this transaction

\$

\$

\$0.00

\$0.00

\$0.00

CHARGE History:

Kicked, reason: IPN, Claim status 1 set to HOLD, (superuser)(11/28/2000)

Note: KICK REASON: Incorrect Insurance ID number (IPN)

reason/method

created

Ins1

Ins2

patient

type

CHARGE (OPEN)

Incorrect Insurance id number 11/28/2000 superuser 11/28/2000 superuser void this transaction

\$

\$

\$0.00

\$0.00

\$0.00

CHARGE History:

Kicked, reason: IPN, Claim status 1 set to HOLD, (superuser)(11/28/2000)

Note: KICK REASON: Incorrect Insurance ID number (IPN)

780

Claim Scrubbing Errors:

Error - Insurance Default()

Valid Insurance ID Number required

update policy

The format of the Insurance ID Number appears to be incorrect

Claim History:

Changed STATUS1 from CLOSED to DROP, (superuser)(11/28/2000)

Changed STATUS1 from DROP to CLOSED, (superuser)(11/28/2000)

Changed STATUS1 from DROP to HOLD, because charge failed rule #-- (superuser)(11/28/2000)

Sat CURRENTLINESSDATE to 11/28/2000, (superuser)(11/28/2000)

Changed STATUS1 from HOLD to DROP, (superuser)(11/28/2000)

Changed STATUS1 from DROP to HOLD, because KICKED-IPN(superuser)(11/28/2000)

Claim Notes

Action: NOTE: Kickreason: Incorrect Insurance id number, (superuser)(11/28/2000)

Save Claim

Save Claim & Add Note

Post Date

(Delete This Claim)

770

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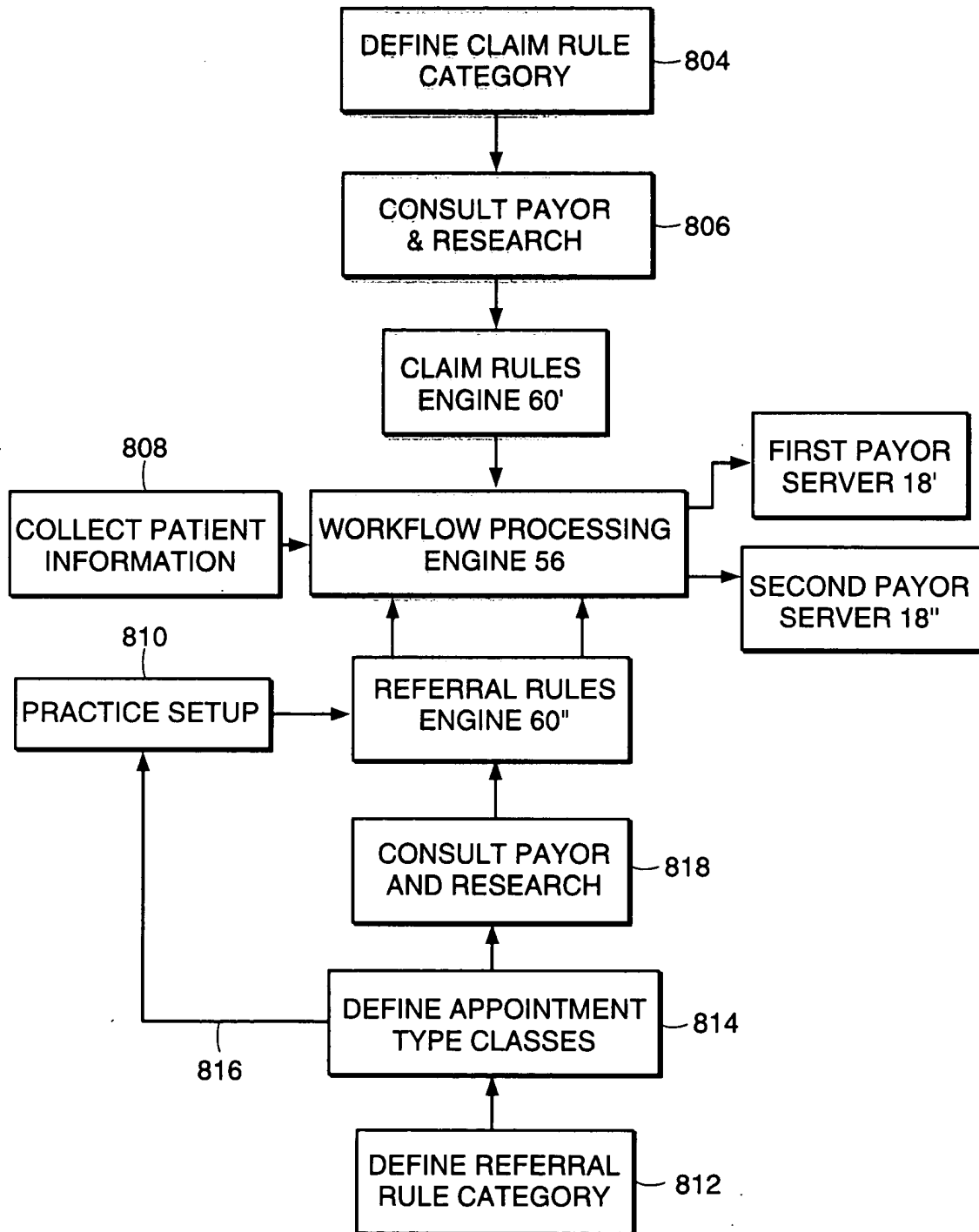


FIG. 8A

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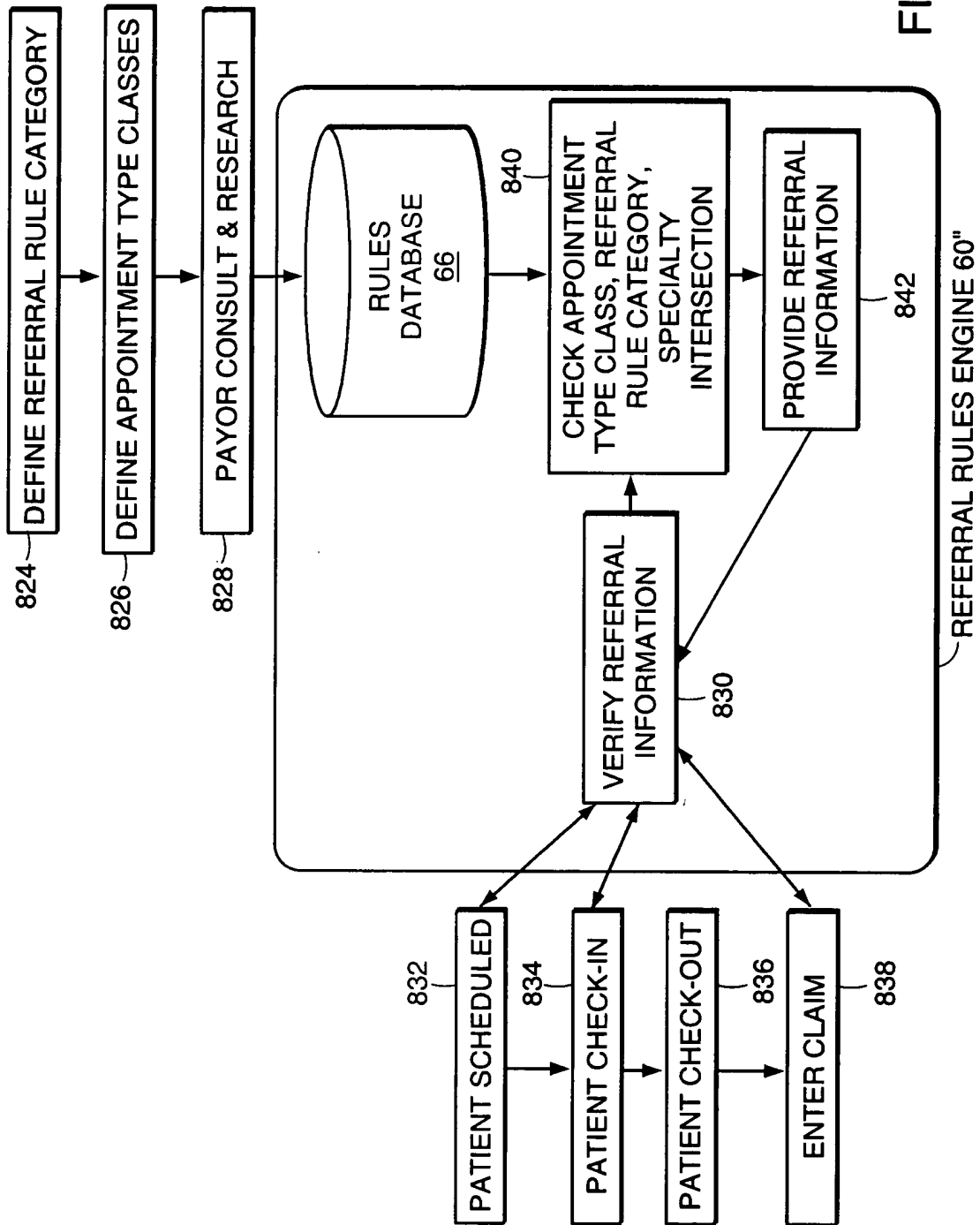
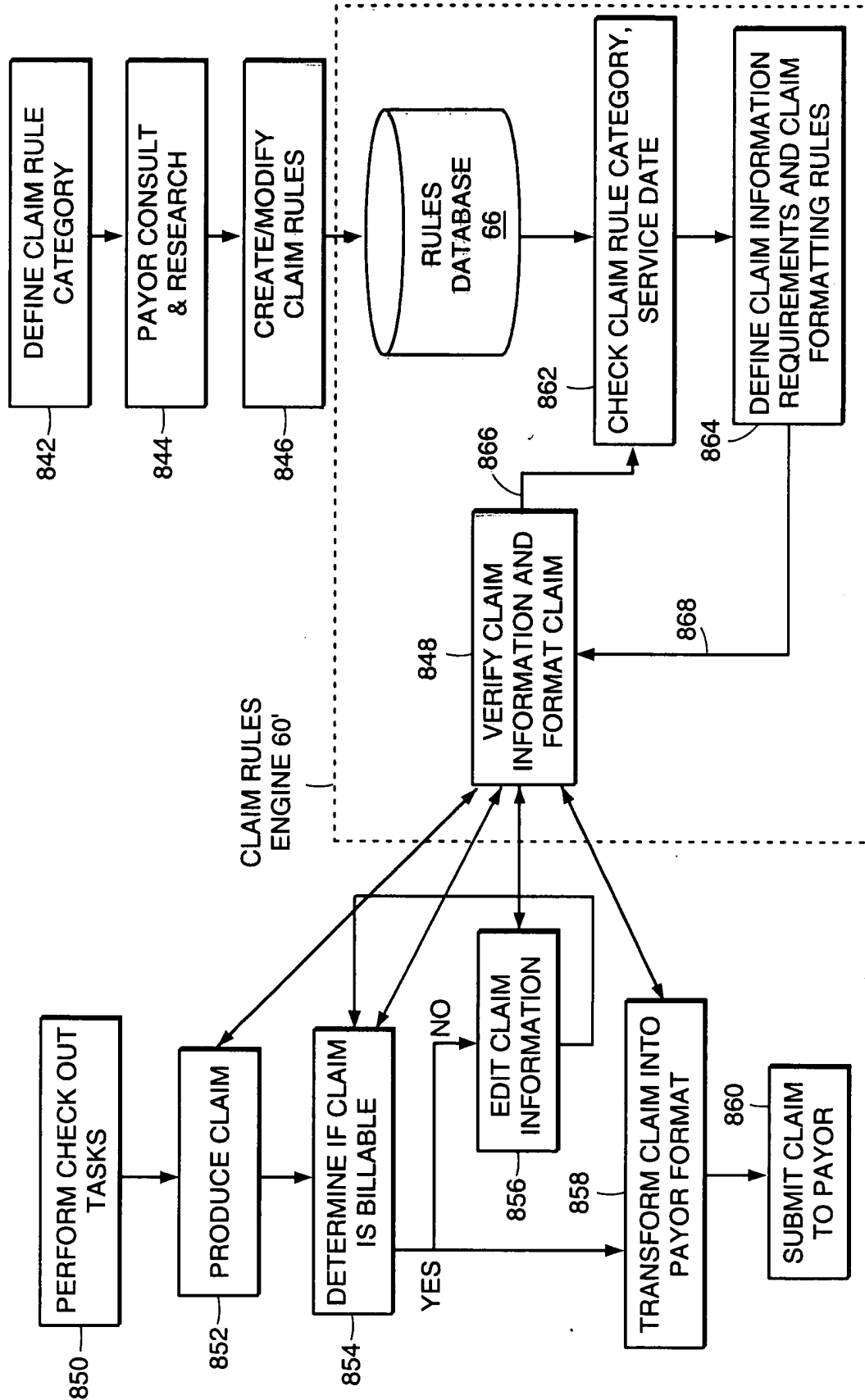


FIG. 8B



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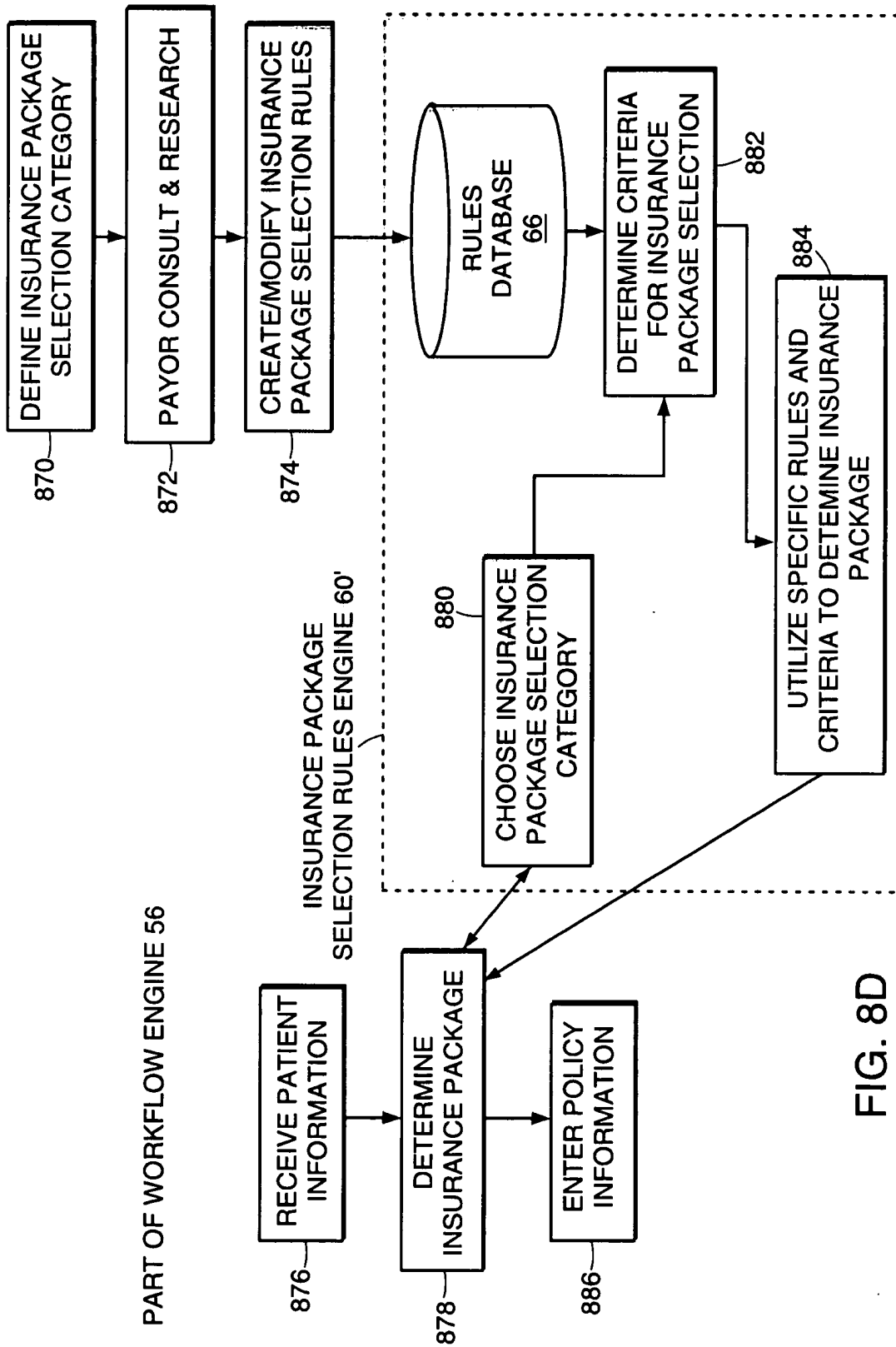


FIG. 8D

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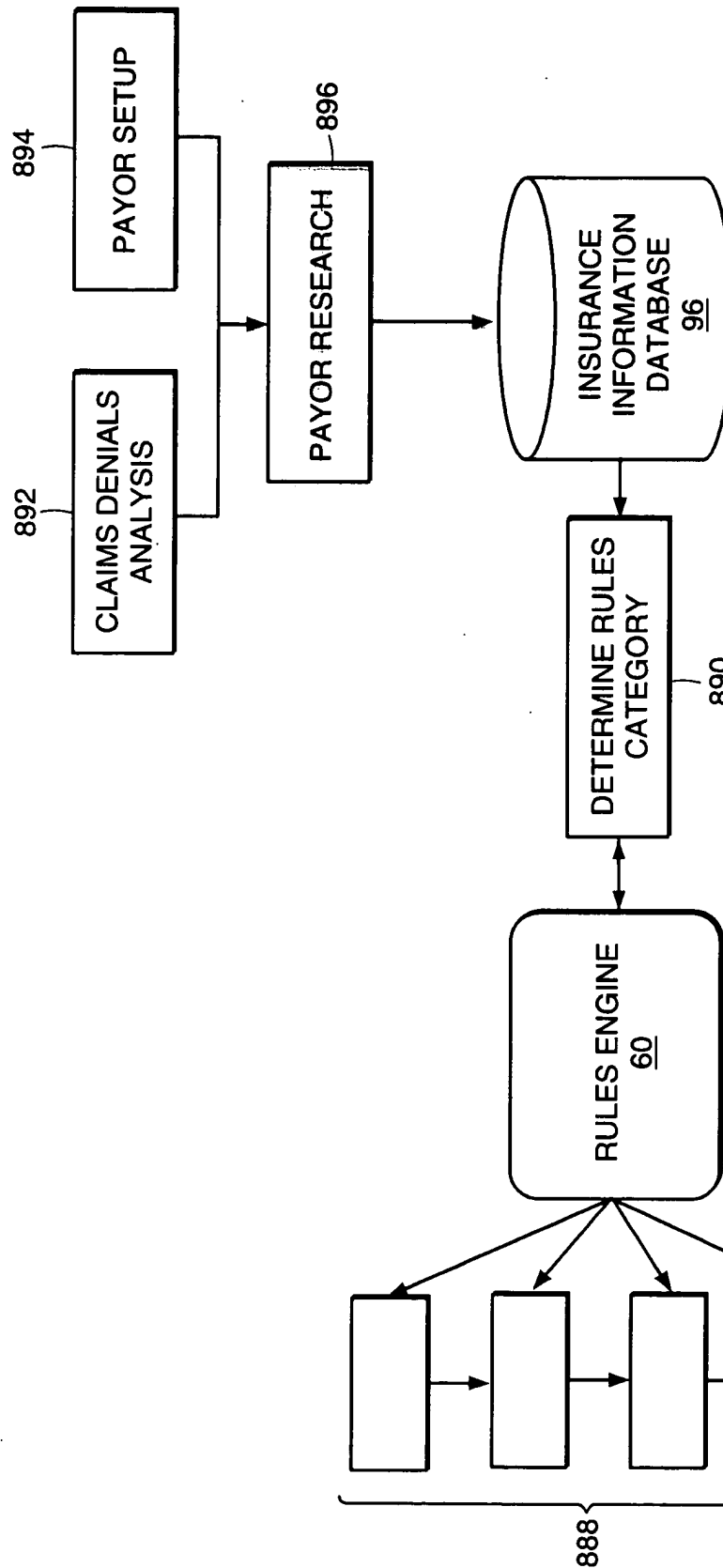


FIG. 8E